

2010 SUMMER YOUTH COOKING ENTRY FORM

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| NAME | AGE | GRADE ENTERING |
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|-------------------|------|------|
| TELEPHONE NUMBERS | WORK | HOME |
|-------------------|------|------|

| | |
|---------|---------------|
| PARENTS | EMAIL ADDRESS |
|---------|---------------|

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| MAILING ADDRESS | CITY | ZIP |
|-----------------|------|-----|

\$50.00 (one Week) RECEIPT NO.

May 31-6 Party Foods
 _____ 10-12:00 Grades 2nd-3rd
 _____ 12:00-2:00 Grades 4th-6th

June 28-July 2 Party Foods
 _____ 10-12:00 Grades 4th- 6th
 _____ 12:00-2:00 Grades 2nd-3rd

June 7-11 Snack Foods
 _____ 10-12:00 Grades 2nd-3rd
 _____ 12:00-2:00 Grades 4th-6th

July 5-9 Snack Foods
 _____ 10-12:00 Grades 4th-6th
 _____ 12:00-2:00 Grades 2nd-3rd

July 12-16 Main Dishes
 _____ 10-12:00 Grades 4th-6th
 _____ 12:00-2:00 Grades 2nd-3rd

June 21- 25
 _____ 10- 12:00 Teen Class^(7th grade up)
 _____ 12:00- 2:00 Teen Class

July 19-23 Desserts
 _____ 10-12:00 Grades 4th-6th
 _____ 12:00-2:00 Grades 2nd-3rd

CHRISTMAS IN JULY July 26-30 Christmas Foods
 _____ 10-12:00 Grades 2nd-3rd
 _____ 12:00-2:00 Grades 4th-6th

PAYMENT DUE AT REGISTRATION. **FEE-\$50.00** - 1 WEEK
 PAYABLE TO: BROOKHAVEN RECREATION DEPT.

SUPPLIES & SNACK - **FEE-\$20.00**.
 PAYABLE TO INSTRUCTOR - Jennifer Smith

RELEASE BY PARENT OR GUARDIAN

I _____, AM THE NATURAL PARENT
AND/OR
PARENT
GUARDIAN OF THE MINOR CHILD _____ WHOSE
BIRTHDAY IS child _____.

BIRTHDAY
BY VIRTUE OF AND IN CONSIDERATION OF THE CITY OF BROOKHAVEN AND
ITS DEPARTMENT OF RECREATION ALLOWING MY MINOR CHILD TO
PARTICIPATE IN THE FOLLOWING RECREATIONAL ACTIVITY, TO-WIT:

Cooking

I DO HEREBY, ON BEHALF ON MY MINOR CHILD, RELEASE SAID CITY AND
DEPARTMENT FROM ANY RESPONSIBILITY FOR ANY HARM OR INJURY, (OR
ANY LIABILITY WHICH MAY RESULT THEREFROM) WHICH SAID CHILD MAY
EXPERIENCE OR SUFFER FROM WHILE PARTICIPATING IN OR ATTENDING A
RECREATIONAL ACTIVITY SPONSORED, OPERATED OR CREATED BY SAID
CITY AND DEPARTMENT.

I FURTHER RECOGNIZE AND ACKNOWLEDGE THAT THE SAID CITY AND
DEPARTMENT WILL PROVIDE NO HEALTH AND ACCIDENT INSURANCE FOR MY
CHILD TO COVER MY CHILD FROM BODILY INJURY HE/SHE MAY SUFFER
WHILE PARTICIPATING IN THE CITY AND DEPARTMENT RECREATIONAL
ACTIVITIES.

I HAVE READ AND UNDERSTOOD THE ABOVE RELEASE AND AGREE TO ITS
TERMS.

SIGNED _____

DATE _____